

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

STATE OF NEW MEXICO, <i>ex rel.</i>)	
State Engineer,)	
)	
Plaintiff,)	69cv07941-BB
)	
vs.)	RIO CHAMA STREAM SYSTEM
)	Section 3: Canjilon Creek
ROMAN ARAGON, et al.,)	
)	
Defendants.)	
)	

CERTIFICATE OF SERVICE

Edward G. Newville, attorney for the Plaintiff State of New Mexico, *ex rel.* State Engineer states that pursuant to Fed. R. Civ. P 4(e)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following Defendant was served with process in the above-captioned matter. Service was made by certified mail (restricted delivery) addressed to Defendant listed below. A copy of the Defendant's signature receipt is attached as Exhibit "A" hereto.

Defendant	Subfile No.	Date of Signed Receipt
Marilyn Baldonado	CHCJ-003-0059A	October 16, 2008

Dated: November 18, 2008.

Respectfully submitted,



EDWARD G. NEWVILLE
Special Assistant Attorney General
Office of the State Engineer
P.O. Box 25102
Santa Fe, NM 87504-5102
(505) 867-7444

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 18th day of November 2008, I filed the foregoing electronically through the CM/ECF system which caused the parties on the electronic service list, as more fully set forth in the Notice of Electronic Filing, to be served via electronic mail, and served the following non CM/ECF participants in the manner indicated:

via first class mail, postage prepaid addressed as follows:

Marilyn Baldonado
P.O. Box 80852
Albuquerque, NM 87198-0852



Ed Newville

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Marilyn Baldonado P.O. Box 80852 Albuquerque, NM 87198-0852</p>		<p>A. Signature <i>Marilyn Baldonado</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee Marilyn Baldonado</p> <p>C. Date of Delivery 10/15/08</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p>	
<p>2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>7005 1820 0006 3409 5028</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>CHCT-003-00594</p> <p>102595-02-M-1540</p>	

